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# OVERVIEW

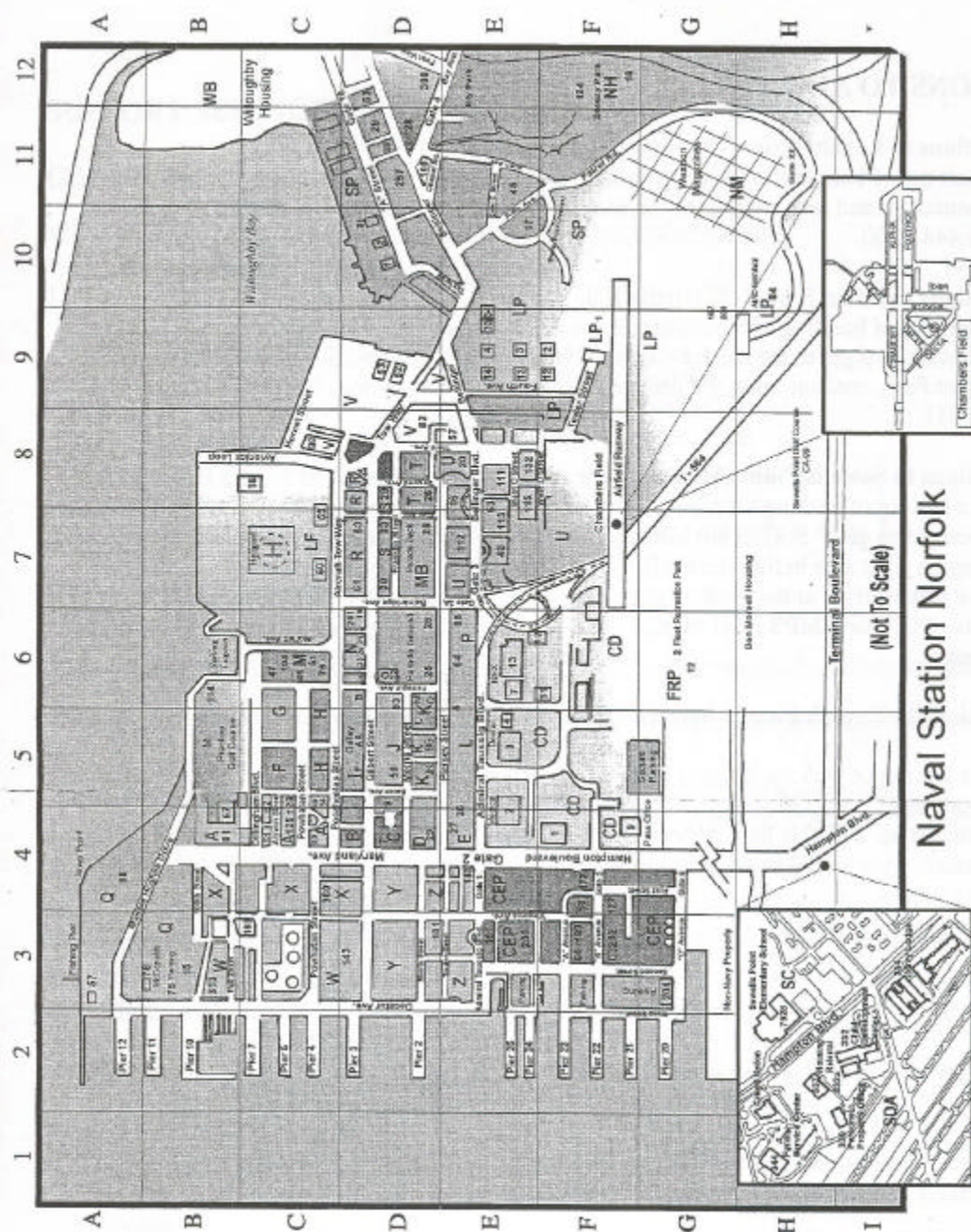
## NMPS CHAIN OF COMMAND AND PROCESSING INFORMATION

OFFICER IN CHARGE	(757)445-2435 <b>DSN:565</b>
AOIC	(757)445-6960
NMPS SENIOR MEDICAL OFFICER	(757) 445-2435
NMPS MEDICAL CORPSMAN	(757)445-8736
LEADING CHIEF PETTY OFFICER	(757)445-6960
LEADING PETTY OFFICER	(757)444-9171/1333/3294
PSD LPO's	(757)445-5305
NMPS CDO (1630-0730)/weekends	(757)438-3375
TRANSIENT PERSONNEL UNIT CDO	(757)445-1640

## PROCESSING INFORMATION

HOURS OF OPERATION 0730 – 1600

WHILE YOU ARE PROCESSING AT NMPS NORFOLK YOU MUST MUSTER IN UNIFORM AT 0730 DAILY, UNLESS OTHERWISE DIRECTED BY THE NMPS CHAIN OF COMMAND. SERVICEMEMBERS WHO ARE PLACED ON MEDICAL HOLD MUST MAINTAIN CLOSE CONTACT WITH THE NMPS MEDICAL DEPARTMENT AT ALL TIMES.



## **DIRECTIONS TO ACCOMPANY BASE MAP**

### **Directions to Legal:** From J-50 Nimitz Hall

Take left out of building to the crosswalk on Bacon Street and take a right. Proceed to Pocahontas St. and take a left until the end. Legal is on the right side located in Bldg. A-50. Phone: 444-5300

### **Directions to PSD:** From J-50 Nimitz Hall

Take left out of building to the crosswalk on Bacon Street, cross over to the double parking lot and walk straight to the brick building, Bldg A-48 on Pocahontas Street. Go to the Transient Personnel entrance, 2<sup>nd</sup> deck at the top of the stairs, Room 211. Phone: 445-7919/7911.

### **Directions to Sewells Point (Medical/Dental/TRICARE):** From J-50 Nimitz Hall

Make a left out of parking lot onto Gilbert Street to end of street. Make a left onto Maryland until you get to gate. Stay in left turning lane; turn left on Taussig Blvd. Medical is first building on right side before the traffic light. Dental is second building on right just beside medical (take a right at the traffic light). For physical exams, go to Hallway A, POC is Annette. POC for NMPS HM1 Nutt, 445-1075. Tricare Representative is located across from Pharmacy.

### **Directions to Fleet & Family Service Center (FFSC) and Red Cross:** From J-50 Nimitz Hall

Make a left out of parking lot onto Gilbert Street to end of street. Make a left onto Maryland until you get to gate. Go straight out gate 2, Maryland turns into Hampton Blvd. Continue on Hampton Blvd. FFSC is located behind Navy Federal Credit Union (approximately one mile from base). Turn at Baker Street. Building SDA-344. Phone: 444-2102

## SUPPORT SERVICES

### GALLEY

**Website:** <http://www.nsa-norva.navy.mil/Food%20Service/hours.htm>

1. Galley hours of operation and meal costs:

	<b>Cost</b>	<b>Mon-Fri</b>	<b>Sat</b>	<b>Sun</b>
Breakfast	\$1.35/\$1.60	0530-0730	0700-0800	0700-0800
Lunch	\$2.70-\$3.25	1030-1230	1100-1230	1030-1230
Dinner	\$3.70-\$4.45	1600-1730	1600-1730	1600-1730

**Directions to the Galley:** From J-50 Nimitz Hall

Take a right when you exit Bldg. J-50. Cross Gilbert St. and to the right is Bldg. I-AA.

### BILLETING/BERTHING

**Website:** [http://www.nsa-norva.navy.mil/Bachelor%20Housing/bq-naval\\_station\\_norfolk.htm](http://www.nsa-norva.navy.mil/Bachelor%20Housing/bq-naval_station_norfolk.htm)

1. Billeting is located at S-30 Wall Manor or I-128 BOQ and the standard room rates are \$16.00/day.
2. **Reservations** can be made by e-mail for Naval Station Norfolk by emailing them at [norvares@series2000.com](mailto:norvares@series2000.com). Or by calling 1-877-ZUMWALT (986-9258) or (757) 405-4553. Fax Number is (757) 444-5271.
3. **Directions** From Norfolk International Airport: take Interstate 64 West, exit 276 to 564 West. Follow signs for the Naval Station. Enter Gate 2. Turn right on Powhatan St. Bachelor Housing office is on the left.

### OTHER SUPPORT AND PERSONAL SERVICES

1. The following services are provided at Bldg. C-9, Devary Court: Food Court, Convenience Store, Dry Cleaners, Post Office, and Barbershop.
2. The **INTERNET CAFÉ** is located in Bldg. C-9 on the 2<sup>nd</sup> deck and can be used to do any web related activities you need to complete. **Hours of Operation: Monday-Sunday from 1000-2300hrs.**

**NOTE: NMPS Office computers are not available to servicemembers who are processing through NMPS for mobilization or demobilization.**

**Directions to C-9:** From J-50 Nimitz Hall

Take a left when you exit Bldg. J-50. Cross Bacon St. and look for the entrance on your left as you continue straight down Gilbert. To reach the internet café make a left once you cross Bacon and look for multiple glass door entrance off of Bacon Street. Take the stairs to the second deck.

# CHECK IN

During your check in at NMPS you will go through a multi-step process that may not follow the order of your NMPS MOBILIZATION CHECKLIST as described in Paragraph 2 below. The sequence of events will be dictated by the NMPS processing staff and will be dependent on their flow for the specific day(s) you are processing. The following forms will be a part of your check in process:

1. NAVY MOBILIZATION PROCESSING INFORMATION FORM – Complete and turn in at the NMPS Check In Briefing.

2. DOG TAG REQUEST FORM – Will only be done if applicable to orders.

3 QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION – Must be READ IN ITS ENTIRETY and completed by all mobilizing reservists. Will be collected at the NMPS Check In Briefing.

4. NMPS MOBILIZATION CHECKLIST – Complete the header on the Initial NMPS Requirements page. The NMPS MOBILIZATION CHECKLIST is used to ensure all requirements for mobilization have been met. The checklist must be signed by the designated NMPS official for each of the following items:

1. Initial NMPS Requirements – in the Check In section
2. PSD Requirements – in the PSD section
3. Medical Requirements – in the Medical section
4. Dental Requirements – in the Medical section
5. Legal Requirements – in the Check In section
6. Fleet and Family Service Center Requirements – in the Check In section
7. Red Cross Requirements – in the Check In section
8. Berthing Requirements – in the Check Out section
9. NMPS Final Certification – in the Check Out section

Once items 1-9 have been signed off you will be transferred to your next duty station.

# NAVY MOBILIZATION PROCESSING INFORMATION FORM

Rate: \_\_\_\_\_ Rank: \_\_\_\_\_ Name: \_\_\_\_\_ SSN# \_\_\_\_\_  
Last, First, MI

Sex: Male Female Race: \_\_\_\_\_ DOB \_\_\_\_\_ Married: YES NO Circle One Circle  
One MM/DD/YY

Height (inches) \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

# of Dependents (include spouse) \_\_\_\_\_

Previous Command \_\_\_\_\_ Prev Command UIC \_\_\_\_\_

Intermediate Command \_\_\_\_\_ Inter. Comm. UIC \_\_\_\_\_

Ultimate Destination \_\_\_\_\_ Ultimate Dest. UIC \_\_\_\_\_

## Local Recall Information

Barracks Name \_\_\_\_\_ Room # \_\_\_\_\_ or Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone/Cell \_\_\_\_\_

## Spouse or Immediate Family Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## Primary Next of Kin: (NOT LIVING WITH MEMBER)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

# NMPS MOBILIZATION CHECKLIST

## NMPS MOBILIZATION PROCESSING FOR SELECTED RESERVISTS

NOTE: ALL ITEMS MUST BE FILLED OUT PRIOR TO RESERVIST DEPARTING THE NMPS:

NAME: \_\_\_\_\_ RANK/RATE: \_\_\_\_\_

SSN/DESIGNATOR: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_

UNIT ASSIGNED: \_\_\_\_\_ UIC: \_\_\_\_\_

ULTIMATE DUTY STATION: \_\_\_\_\_ UIC: \_\_\_\_\_

### A. INITIAL NMPS REQUIREMENTS:

	YES	NO	N/A
1. RESERVIST HAS A DELAY OR EXEMPTION REQUEST? IF YES, WHAT ARE THE REASONS? _____ _____ _____ _____ _____			
2. RESERVIST REQUIRES A SPECIAL CASES BOARD BE CONDUCTED? IF YES, EXPLAIN FINAL DETERMINATION: _____ _____ _____ _____ _____			
3. IF REQUIRED, CRC (JPOM) CHECKLIST PROVIDE?			

SIGNATURE OF CERTIFYING NMPS OFFICIAL: \_\_\_\_\_

PRINTED NAME & PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_



**F. FLEET & FAMILY SERVICE CENTER (FFSC) REQUIREMENTS:**

	YES	N/A	NO – HOLD AND REASON	CORRECTED DATE
1. DOES RESERVIST HAVE ANY FAMILY MEMBER(S) WITH SPECIAL NEEDS, MEDICAL, ETC?				
2. RESERVIST BRIEFED ON AVAILABLE SERVICES AND PROVIDED HANDOUTS TO PASS ON TO FAMILY?				
3. RESERVIST PROVIDED POINTS OF CONTACT OF THE NEAREST FFSC/OMMAND OMBUDSMAN FOR THEIR DEPENDENT(S)?				

SIGNATURE OF CERTIFYING NMPS OFFICIAL: \_\_\_\_\_

PRINTED NAME & PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

**G. RED CROSS REQUIREMENTS:**

	YES	N/A	NO – HOLD AND REASON	CORRECTED DATE
1. RESERVIST HAS COMPLETED BRIEF?				
2. RESERVIST PROVIDED WITH RED CROSS HANDOUTS, IF NEEDED?				

SIGNATURE OF CERTIFYING NMPS OFFICIAL: \_\_\_\_\_

PRINTED NAME & PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

**H. BERTHING REQUIREMENTS:**

	YES	N/A	NO – HOLD AND REASON	CORRECTED DATE
1. RESERVIST CHECKED INTO S-30?				
2. ISSUED ROOM ASSIGNMENT # _____				
3. CHECKED OUT OF S-30?				

SIGNATURE OF CERTIFYING NMPS OFFICIAL: \_\_\_\_\_

PRINTED NAME & PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

# DOG TAG REQUEST

If requesting Dog Tags, the following information must be provided:

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_  
(Last) (First) (MI)

Social Security Number: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

**NOTE: Please insure all the above information is correct and up-to-date in order that requested dog tags can be provided prior to your detachment.**

# QUALIFICATION TO POSSESS FIREARMS

## QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION PRIVACY ACT STATEMENT

AUTHORITY: 18 U.S.C. 922 (g) (9)

PRINCIPAL PURPOSE: To obtain information for purposes of determining if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either government issued or private firearms or ammunition and to determine if reassignment, reclassification, or other administrative action is warranted.

ROUTINE USE(S): To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are disqualified from receiving or possessing a firearm.

DISCLOSURE: Voluntary. However, failure to provide the information may result in the revocation of your authority to transfer, possess or receive firearms or ammunitions and possible adverse administrative action to preclude access to and use of firearms and ammunition. The furnishing of false information may also result in possible criminal or administrative proceedings and sanctions.

---

### Section 1 - MEMORANDUM TO ALL SERVICE MEMBERS AUTHORIZED TO POSSESS GOVERNMENT-ISSUED FIREARMS AND AMMUNITIONS.

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted. The law pertains to anyone who has ever been convicted of a domestic violence misdemeanor. There is not an exemption for military personnel or law enforcement officers and agents.

Convictions of "crimes of domestic violence" as defined in the amendment do not include summary court-martial convictions, the prosecutions (or similar alternative dispositions) in civilian courts. The law also excludes anyone whose conviction has been expunged or set aside, or who has received a pardon. A misdemeanor crime of domestic violence is any offense, which has, as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent, or guardian.

If you have ever been convicted of a crime of domestic violence within the meaning of the law, continued retention of any firearm or ammunition, whether government-issued or privately owned, may subject you to felony criminal penalties including a sentence of imprisonment of up to ten years and a fine of up to \$250,000, as well as administrative action.

If you have ever received any qualifying domestic violence misdemeanor convictions:

- (1) You may not possess any firearm or ammunition and
- (2) You must return any government issued firearm or ammunition to your Commander or immediate supervisor. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

Complete the qualification inquiry below and return to your Commander or immediate supervisor within ten (10) working days of receipt. If you have any questions, you may contact your immediate supervisor, a Legal Assistance Attorney, or a private attorney.

---

SECTION II - ELEMENTS OF MISDEMEANOR OF CONVICTION OF DOMESTIC VIOLENCE

A person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction recently added to the Gun Control Act unless all the following elements are present:

1. The person was convicted of a crime;
2. The offense has as an element the use or attempted use of physical force, or threatened use of a deadly weapon;
3. The convicted offender was at the time of the offense:
  - a. A current or former spouse, parent or guardian of the victim,
  - b. A person with whom the victim shared a child in common,
  - c. A person who was cohabiting with or has cohabited with the victim of a spouse, parent, or guardian, or
  - d. A person who was similarly situated to a spouse, parent, or guardian of the victim.
4. The convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
5. If entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
6. The conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement or restoration of civil rights provided that the person may not ship, transport, possess or receive firearms.

---

**SECTION III – QUALIFICATION INQUIRY** (Complete and return to your Commander or immediate supervisor within 10 days of receipt)

---

YES	NO	I DON'T KNOW (provide explanation on reverse)
-----	----	---

---

2. IF YOU ANSWERED “YES” TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

---

a. COURT / JURISDICTION

b. DOCKET / CASE NUMBER

---

c. STATUTE / CHARGE

d. DATE SENTENCED (YYYYMMDD)

---

3. CERTIFICATION. I hereby certify that to the best of my information and belief, all of the information provided by me is true, correct, complete, and is made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including removal and is also criminally punishable under the Uniform Code of Military Justice or under federal law.

---

a. NAME (last, first, middle initial)	b. TITLE
c. AGENCY / DUTY STATION	d. SIGNATURE      e. DATE SIGNED

# MEDICAL PROCESSING

Medical processing at NMPS Norfolk will be different for each service member depending on his/her state of medical readiness and ultimate destination. Please listen carefully to the medical providers as they guide you through your medical screening and subsequent medical services. The first step to your medical processing is the Medical Screening portion.

## **1. MEDICAL SCREENING:**

A. RESERVIST MEDICAL PROCESSING HISTORY FORM – This form should be completed in its entirety.

B. NMPS MOBILIZATION CHECKLIST – SECTION C. MEDICAL REQUIREMENTS – Fill in your name rank and social security. Medical will use this checklist to track the fulfillment of your medical requirements as you process. ENSURE THAT YOUR CHECKLIST HAS A FINAL SIGNATURE PRIOR TO GOING TO THE PSD CLERK FOR CHECKOUT UNLESS YOU ARE OTHERWISE DIRECTED.

C. NMPS MOBILIZATION CHECKLIST – SECTION D. DENTAL REQUIREMENTS – Fill in your name rank and social security.

**Once you have completed all medical screening forms, place them inside of your medical record for collection by an NMPS Staff Member. Your medical records will then be screened for outstanding medical requirements by a medical screener. Your medical screening should be completed by the end of your mandatory mobilization briefings. You may need to complete medical requirements in order to complete the medical section of your processing. The screener will indicate those requirements and how to satisfy them.**

**NMPS Medical  
Norfolk, VA 23511**

**DATE:**

**Reservist Medical Processing History Form**

- |  |   |   |     |
|--|---|---|-----|
| 1. Do you have any drug allergies/sensitivities?<br>If yes, I am allergic/sensitive to:                                    | Y | N |     |
| 2. If the answer to #1 is yes, do you have a red med alert dog tags with you?  | Y | N | N/A |
| 3. Do you wear glasses or contact lenses?  | Y | N |     |
| 4. If the answer to #3 is yes, do you have two pair of brown or black frame<br>Navy issue glasses with you?                | Y | N | N/A |
| 5. If the answer to #3 is yes, do you have a pair of gas mask inserts with<br>you?   | Y | N | N/A |
| 6. Do you require the use of a hearing aid?  | Y | N |     |
| 7. Have you been seen at any clinic/hospital or ER for other than minor<br>illnesses in the last 12 months?                | Y | N |     |
| 8. Have you been admitted to a hospital for any reason in the last 3 years?  | Y | N |     |
| 9. Do you have any current consults or medical problems for which you<br>are pending any treatment, surgery or evaluation? | Y | N |     |
| 10. Do you have any significant medical problems such as Diabetes, Heart<br>Disease, Asthma, High Blood Pressure, etc.?    | Y | N |     |
| 11. Are you taking any medication on a regular basis?<br>If yes, I am taking:  | Y | N |     |
| 12. If the answer to #11 is yes, do you have 180 days worth of medication<br>with you?                                     | Y | N | N/A |
| 13. Do you have any medical condition that you think will interfere with<br>your ability to be recalled to Active Duty?    | Y | N |     |
| 14. Are your height and weight within standards?   | Y | N |     |
| 15. Did you pass the last PRT?   | Y | N |     |
| 16. Have you missed work over the past two years for medical reasons?  | Y | N |     |
| 17. Are you collecting any Workman's Compensation or disability?   | Y | N |     |
| 18. Have you had a routine dental exam and cleaning in the previous year?  | Y | N |     |

**Member**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Medical Officer Signature:** \_\_\_\_\_

# NMPS MOBILIZATION PROCESSING CHECKLIST

C. MEDICAL REQUIREMENTS:

RANK/NAME \_\_\_\_\_

SS# \_\_\_\_\_

	YES	N/A	NO – HOLD AND REASON	CORRECTED DATE
1. PHYSICAL EXAM CURENT AND SF 88/SF 93 REVIEWED?				
2. INNOCULATIONS AND IMMUNIZATIONS CURRENT?				
3. REQUIRED INNOCULATIONS AND IMMUNIZATIONS FOR DEPLOYMENT AREA COMPLETED?				
4. IF REQUIRED, TWO MEDICAL WARNING TAGS?				
5. PREVENTIVE MEDICINE BRIEF PROVIDED?				
6. HIV TEST RECORDED AND WITHIN SIX MONTHS OF DEPLOYMENT? IF RESULTS ARE POSITIVE, CONTACT CNO/N1 FOR EXEMPTION.				
7. IF REQUIRED, DNA SAMPLE COLLECTED?				
8. ANY MEDICAL CONDITION WHICH COULD AFFECT MOBILIZATION (PREGNANCY, DISEASE, HANDICAP, INJURY, PSYCHIATRIC COUNSELING, ETC? EXPLAIN CONDITIONS: _____ _____ _____				
9. IF RESERVIST STATED YES TO ITEM #8 ABOVE, IS DOCUMENTATION FOR THIS MEDICAL CONDITION IN THEIR MEDICAL RECORD?				
10. NECESSARY EYEGLASSES AND OR HEARING AIDS WITH RESERVIST?				
11. GAS MASK EYE INSERTS REQUIRED?				
12. RESERVIST'S CIVILIAN PRESCRIBED MEDICATIONS REVIEWED?				
13. PERSONAL PRESCRIPTIONS (180 DAY SUPPLY)?				
14 IS RESERVIST A PARTICIPANT OF THE EXEPTIONAL FAMILY MEMBER PROGRAM?				
15. IS MEDICAL RECORD WITH RESERVIST?				
16. EVALUATED AND DETERMINED FIT FOR FULL ACTIVE DUTY ACCORDING TO NAVY STANDARDS?				

SIGNATURE OF CERTIFYING NMPS MEDICAL OFFICIAL: \_\_\_\_\_

PRINTED NAME & PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

COMNAVREGMIDLANTINST 3060.1



## NMPS MOBILIZATION PROCESSING CHECKLIST

D. DENTAL REQUIREMENTS:

RANK/NAME \_\_\_\_\_

SS# \_\_\_\_\_

	YES	N/A	NO – HOLD AND REASON	CORRECTED DATE
1. CLASS 1/ 2?				
1. ARE CURRENT PANORAL AND BITEWING X-RAYS IN RECORD?				
3. ANY DENTAL CONDITION WHICH MAY DELAY MOBILIZATION? IF YES, EXPLAIN: _____ _____ _____				
4. DENTAL RECORD WITH RESERVIST?				
5. COMPLETED DENTAL RECORD ON FILE?				

SIGNATURE OF CERTIFYING NMPS OFFICIAL: \_\_\_\_\_

PRINTED NAME PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

## 2. SUMMARY OF MEDICAL/DENTAL BENEFITS:

A. Reservists and dependents are eligible for enrollment in Defense Enrollment Eligibility Reporting System (DEERS) for medical and dental care if they are called to active duty for more than 30 days. To ensure family members are eligible for TRICARE upon activation, sponsors should register their family members in the DEERS. There are three TRICARE programs available, TRICARE Prime, Extra and Standard. TRICARE Standard is automatic, but TRICARE Extra and Prime requires enrollment by the service member. Enrollment forms and information links are available at: [WWW.TRICARE.OSD.MIL](http://WWW.TRICARE.OSD.MIL) or call 1-888-363-2273. For specific questions there is a Tricare Representative at Branch Medical Clinic Sewells Point, 757-314-6235/6352. Make a left as you enter the clinic and TRICARE will be to your left as you walk towards the Physical Exam department. There are also information brochures available at NMPS on the display rack in the hall.

B. Active duty members are eligible for dental care. Their dependents must be enrolled in the United Concordia TRICARE Dental Program. The dental contract is a one-year contract and must be fulfilled for the entire timeframe. If a member is demobilized prior to the one-year timeframe, they are still obligated to the dental contract. The premiums for active duty and dependents versus Reserve and their dependents are different rates. Check with your United Concordia representative for the current rates. Information is available on the internet at: <http://www.ucci.com/was/uccweb/tdp/tdp.jsp> OR by calling 1-888-622-2256.

C. **There are two aspects to reserve health care**, the local personnel office that identifies the eligibility through the DEERS system, and TRICARE, which manages the medical portion of the benefit. Defense Manpower Data Center (DMDC) Support Office/DEERS site locator is at <http://www.dmdc.osd.mil/rsl> or call 1-800-538-9552.

D. TRICARE Medical and Dental Forms:

1. **TP25-1856 REGION 2/5 TRICARE PRIME ENROLLMENT/CHANGE FORM FOR ACTIVE DUTY SERVICE MEMBERS** – This form must be completed both front and back and submitted during your mobilization processing. This form will guarantee your families ability to enroll in TRICARE once you have mobilized. The next step for them is to visit the TRICARE website at [WWW.TRICARE.OSD.MIL](http://WWW.TRICARE.OSD.MIL) or call 1-888-363-2273 to contact their regional representative to sign up your eligible dependents for TRICARE Prime. Remember TRICARE Standard is automatic.

2. **FORM 5579 B UNITED CONCORDIA TRICARE DENTAL PROGRAM** – This form must only be completed if you would like to enroll your dependents in the Dental plan. Specific benefits and entitlements can be found at <http://www.ucci.com/was/uccweb/tdp/tdp.jsp> OR by calling 1-888-622-2256.

## POINTS OF CONTACT - SEWELLS POINT BRANCH MEDICAL CLINIC NORFOLK

Jenise Wilcox	757-314-6235	<a href="mailto:ejwilcox@mar.med.navy.mil">ejwilcox@mar.med.navy.mil</a>
Kim Clark	757-314-6352	<a href="mailto:krclark@mar.med.navy.mil">krclark@mar.med.navy.mil</a>
Tillery Mann	757-314-6234	<a href="mailto:tmmann@mar.med.navy.mil">tmmann@mar.med.navy.mil</a>



Region 2/5 TRICARE Prime Enrollment/Change Form  
for Active Duty Service Members (ADSM)

Please refer to the instructions located on the  
reverse side of the form.

HUMANA.  
Military Healthcare Services

FOR HMHS USE ONLY
MTF DMIS ID _____
Enrollment Effective Date _____

Check the  
appropriate box:

- ☐ Enrollment - Complete Active Duty Service Member Information Section & Signature Section.
- ☐ Primary Care Manager - Complete #1, 2, 7, 8 and Signature Section. Reason for Change \_\_\_\_\_
- ☐ Address Change/Update - Complete #1, 2, 7 and Signature Section. Effective Date of Move \_\_\_\_\_

Active Duty Service Member Information

1. ADSM Name	Last	First	MI	2. ADSM Social Security Number	
3. Birth Date	Mo.	Day	Year	4. Branch of Service	
5. ADSM Unit and Unit Identification Code (UIC)					
6. Is ADSM on one of the following statuses? (check any that apply)					
A. Flying <input type="checkbox"/> yes <input type="checkbox"/> no		B. Jump <input type="checkbox"/> yes <input type="checkbox"/> no		C. Dive <input type="checkbox"/> yes <input type="checkbox"/> no	
7. ADSM Residence Address	Street	Apt.#	City	State	Zip
8. ADSM Primary Care Manager (PCM) Preference (Honoring your preference is dependent upon availability and local policy.)					

Signature

Please review the Agency Disclosure and Privacy Act Statement on the reverse side before signing.

ADSM or Unit Commander (or designee) Signature (required for enrollment processing)

Date

Return to your Command Representative or local T

Fax completed Enrollment Form to: (502) 508

Mail completed Enrollment Form to:

Humana Military Health

P.O. Box 74072

Louisville, KY 40204-7472

ADSM ENROLLMENT

Enroll for DMIS (preferred method)

PCM

CLINIC

MTF SIGNATURE: Cathy Davis

DATE:

Please Return White Copy, Retain the Yellow Copy For Your Records

TRICARE 4020 0000

PLEASE INITIAL EACH ITEM BELOW TO ACKNOWLEDGE THAT YOU HAVE  
BEEN INFORMED OF YOUR HEALTH BENEFITS

- ☐ I understand that, except for emergencies, all medical services must be coordinated through my PCM. If care is obtained that has not been coordinated by my PCM and authorized by a Health Care Finder (HCF), I will be responsible for payment of charges.
- ☐ I understand that if I am transferred to a new duty station I need to transfer my Tricare enrollment to the appropriate region.
- ☐ I authorized Tricare, and/or its network providers to examine, disclose, and copy records of any physician, hospital, or provider to the appropriate government organization when necessary for proper payments, and if authorization is not given, that payment may not be made. Further, it is understood that medical information will be provided by Tricare, and/or its network providers to the PCM for continuity of care and overall treatment purposes.
- ☐ I understand that the TRICARE Mid-Atlantic Region includes North Carolina and most of Virginia.

AGENCY DISCLOSURE STATEMENT: Public reporting burden for this collection of information is estimated to average fifteen (15) minutes per application, including the time for reviewing instructions, searching existing data sources, gathering & maintaining the data needed, completing & reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Department of Defense, to Washington Headquarters Services, Directorate of Information Operations & Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 92202-4302; & the Office of Management & Budget, Paperwork Reduction Project 0720-0008, Washington, DC 20508. PLEASE DO NOT RETURN YOUR APPLICATION TO EITHER OF THESE ADDRESSES. Send your application to the address shown on the application instruction sheet.

PRIVACY ACT STATEMENT: (1) Authority: 5 USC 552a, 10 U.S.C. 1079 & 1086, 58 FR 45318. (2) Purpose: to evaluate eligibility for medical care provided by civilian sources to Military Health Services System beneficiaries applying for coverage under the TRICARE Program (32 CFR 199.17). (3) Uses: Information from application forms & related documents may be given to the Department of Health & Human services, &/or the Department of Transportation consistent with their statutory administrative responsibilities under TRICARE; to the Department of Justice for representation of the Secretary of Defense in civil actions; & to Congressional Offices in response to inquiries made on the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local & foreign government agencies, private business entities, & individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, & civil & criminal litigation related to the operation of the TRICARE Program. (4) Disclosure: Voluntary; however, failure to provide information will result in the denial of enrollment.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Most of the TDP Enrollment Form is self-explanatory; however, there are certain fields to which special attention should be paid:

**Definitions:** CONUS - Continental United States. The area including the 50 United States, the District of Columbia, Guam, Puerto Rico, and the US Virgin Islands.

OCONUS - Outside the Continental United States

**Section A:** All information in this section is relevant to the Sponsor.

**Notice of intent** - The TRICARE Dental Program has a mandatory 12 month initial enrollment period. If your Expiration of Term of Service (ETS) date is less than 12 months you are not eligible for the TRICARE Dental Program unless you intend to continue your service commitment for at least 12 months. This service commitment is calculated based on the time remaining in your current status (Active Duty, Selected Reserve or IRR) plus any uninterrupted combination thereof. By applying for this program you are agreeing to a minimum 12 month enrollment. If you intend to remain in the service for at least 12 months, please check yes.

**Section B:** All information in this section is relevant to the family member(s).

1. If you are a Reservist please indicate whom you want to enroll. For spouse and/or each family member who is to be enrolled in the TDP, please list name, sex, date of birth, geographically separated (check if the family member you are enrolling is geographically separated). Indicate 'O' (for OCONUS) or 'C' (for CONUS) and address (if different than Sponsor's). If you are enrolling more than four family members please list additional members on a separate sheet and attach.

**Section C:** All information in this section pertains to other dental insurance.

2. If this is a joint service marriage, please check yes and list spouse's SSN and branch of service.

**Section D:** Please indicate (with a value listed below) the reason for cancellation.

G - Transfer to duty station where space available dental care is readily available in the Military Dental Treatment Facility

J - Moved to an OCONUS location

N - Voluntary disenrollment by Sponsor

O - Voluntary disenrollment by family member (Sponsor signature required)

P - Dissatisfied with program after 12 months mandatory enrollment period is completed

99 - Other reason not listed Please explain in the space provided

**Section E:** Initial payment of one month's premium payment must be sent with the completed enrollment form in order to process your application. Please include one check or money order for all enrollments. (i.e. if a Reservist is enrolling self and family, only one check should be sent for both initial payments.) **Please include the Sponsor's SSN on the memo portion of the check or money order.** You will be charged a processing fee of \$20.00 for any check returned due to insufficient funds. Subsequent monthly payments will be either deducted from your military pay account or billed directly. Other available options are: automatic withdrawal from your checking account or a charge to your credit card. Information regarding initial payments can also be accessed via United Concordia's website at [www.ucci.com](http://www.ucci.com).

**Monthly Premiums**

	Active Duty		Selected Reserve				IRR			
	Single Premium (one family member)	Family Premium (more than one family member)	Sponsor Only	Single Premium (one family member-excluding Sponsor)	Family Premium (more than one family member-excluding Sponsor)	Sponsor & Family Premium*	Sponsor Only	Single Premium (one family member-excluding Sponsor)	Family Premium (more than one family member-excluding Sponsor)	Sponsor & Family Premium*
Feb 1, 2003 - Jan 31, 2004	\$8.14	\$20.35	\$8.14	\$20.35	\$50.88	\$59.02	\$20.35	\$20.35	\$50.88	\$71.23
Feb 1, 2004 - Jan 31, 2005	\$9.07	\$22.66	\$9.07	\$22.68	\$56.66	\$65.73	\$22.68	\$22.68	\$56.66	\$79.34

\* If both the sponsor and a single family member are enrolling, the premium due is the total of the Sponsor only and the single premium.

**Section E:** Enrollment/Change form cannot be processed without Sponsor's signature.

**For help completing the enrollment form, call:**

1-888-622-2256

**Send enrollment forms with payments to:**

United Concordia/TDP  
Box 827583  
Philadelphia, PA 19182-7583

**For all other enrollment changes and correspondence:**

United Concordia  
TDP Enrollment and Billing  
PO Box 69426  
Harrisburg, PA 17106-9426

# Legal Briefing

**Unless otherwise directed by the NMPS Orientation Brief, the Legal Office has standing hours for reservists Monday through Friday at 1045 for the purpose of Wills, Power of Attorney's, and any desired clarification of the information given in the Legal Information included below.**

## **RESERVE MOBILIZATION LEGAL ISSUES**

Selected Reservists are expected to be ready to mobilize. On occasion you may find that you need to make some last minute legal arrangements. Norfolk Navy Legal Services is here to help you. Please read through the following Legal Briefing and determine if you need or desire any of the mentioned services. Due to your short time period while processing at NMPS Norfolk, services beyond those mentioned are rarely possible and must be done at your next duty station.

### **Life Insurance:**

SGLI and other life insurance proceeds do not pass according to a will. They pass directly to the named beneficiaries on your life insurance forms. It does not matter if you divorce, remarry or have children. The person listed on the form gets the money. The most important thing you can do is to ensure your life insurance beneficiary forms reflect your wishes.

### **Powers of Attorney:**

You can get the majority of the standard powers of attorney from the NLSO without seeing an attorney. The wait is short and requires no appointment.

### **Wills:**

Neither military nor civilian law requires you to have a will. If you die without a will, state law will determine who gets your property. This may or may not be what you wish. You must fill out a worksheet and meet with an attorney. Then your attorney must draft your will, review it, and have you come in and sign it with witnesses.

Wills are complete legal documents and even include custodianships or trusts for minor children, as appropriate. If you already have a will that isn't too old, most likely you do not need a new one unless:

1. You have moved and acquired real property in the area;
2. Your marital status has changed;
3. Your family make-up has changed;
4. Any of the beneficiaries named in the existing will have become incapacitated or died;
5. Any of the personal representatives, custodians, trustees, and guardians, or their successors, have become incapacitated or died; or
6. You acquired additional valuable property or inherited a large sum.

**If you desire to have a Will executed while at NMPS please request a Will Package from your NMPS Briefer and complete as thoroughly as possible prior to coming to Navy Legal Services to consult with the attorney.**

**WEBSITE:** <http://www.jag.navy.mil/html/NLSOMidlantnewmain.htm>

# Uniformed Services Employment and Reemployment Rights Act

## (USERRA)

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) is a federal law which gives members and former members of the U. S. Armed Forces (active and reserves) the right to go back to a civilian job they held before military service. Some specific information regarding the act:

1. Prohibits discrimination against those who choose to serve in the “Armed Forces.”
2. All civilian jobs are covered, unless the employer can prove the job was a temporary position. USERRA applies to all private employers, state governments, and all branches of the federal government. Unlike some discrimination statutes there is no “small business” exception.
2. Ensures a leave of absence from civilian employment for military service, whether that service is voluntary or involuntary, for up to 5 years of cumulative voluntary service.
3. Reemployment requires service member to give the employer advance notification, to have been separated or discharged under conditions other than dishonorable, and report back to work within the USERRA required time limits.
4. Entitles uniformed service members returning from military service to prompt reinstatement of Employment with accrued seniority, status, and rate of pay as if continuously employed.
5. You are required to report to your previous employer within the following timeframes:

<u>Length of Mobilization</u>	<u>Timeframe to report</u>
< 30 days	1 day
31-180 days	2 weeks
> 180 days	90 days

These deadlines can be extended for up to two years for members who are hospitalized or convalescing because of a service-connected illness or injury.

**Who gets USERRA protection?** You probably qualify for USERRA protection if you meet **all five** of the following:

1. **Job.** Did you have a civilian job before you went on active duty? *All* jobs are covered, unless your employer can prove the job was truly a temporary position. USERRA applies to all private employers, state governments, and all branches of the federal government.

2. **Notice. You (or a responsible officer from your military unit) must give advance notice to your employer before leaving for active duty.** Notice can be oral or in writing, but you can best protect your rights by sending a letter by certified mail, or having your employer sign you copy of your letter, acknowledging receipt.

3. **Duration.** You can be gone from your civilian job for up to five years (total). Any absences from your employer protected under the previous law (VRRRA) count towards your total. Most periodic and special Reserve and National Guard training does not count towards your five year total.

4. **Character of service.** If you are discharged, you must receive an honorable or general discharge. This test does not apply if you remain in the reserve component, but your employer can still require some proof from your unit that your period of service was honorable. A letter from your Commander will suffice.

5. **Prompt return to work.** If you were gone up to 30 days, you must report back to the first shift, which begins after safe travel time from your duty site plus eight hours to rest. If you were gone 31-180 days, you must apply in writing for work within 14 days after completing military service. If you were gone 181 days or more, you must apply in writing for work within 90 days. Tell your employer you worked there before, and you left for military service.

**You are entitled to protections both while you are gone and when you return to work.**

1. **Health insurance during service.** If you ask for it, your employer must continue to carry you and your family on the company health plan for up to 30 days of service, at the normal cost to you. **TRICARE does not cover family**

**members for tours of 30 days or less.** You can get up to 18 months of coverage, but your employer can pass on the full cost (including the company's share) to you.

**2. Prompt reinstatement.** You get your job back immediately if you were gone 30 days or less. After longer service, you must get your job back within a few days.

**3. Status and Seniority.** For purposes of status, seniority, and most pension rights (including pay rate) you are treated as if you never left for military service. If your peers got promotions or raises while you were gone, you do too.

**4. Training and other accommodations.** Your employer must train you on new equipment or techniques, refresh your skills, and accommodate any service-connected disability.

**5. Special protection against discharge other than for cause.** If you are fired within a protected period, your employer must prove the firing wasn't because of military service. Your protected period varies with how long you were gone.

**6. Immediate reinstatement of health benefits.** You and your family may chose to go back on the company health plan immediately when you return to your civilian job. There can be no waiting period and no exclusion of pre-existing conditions other than for VA-determined service-connected conditions.

**7. Anti-discrimination provision.** USERRA prohibits discrimination based on military service or military obligation.

**8. Other benefits.** USERRA guarantees you certain rights. It does not eliminate any other benefits you may have from state law, contract, or collective bargaining agreement.

## USERRA ENFORCEMENT

1. The National Committee for Employer Support of the Guard and Reserve (ESGR), (800) 336-4590 or (703) 696-1400. ESGR provides ombudsmen who mediate reemployment issues between military members and their civilian employers. <http://www.esgr.org>. The site provides tips for reserve members and employers.

2. The U. S. Department of Labor Veterans Employment and Training Service (VETS), (202) 219-9110. The Department of Labor is responsible for resolving and/or investigating reemployment issues. <http://www.dol.gov/dol/vets>. The site has a Non-Technical Resource Guide to USERRA.

3. Contact your Legal Assistance Attorney. Remember your military Legal Assistance Attorney may not act as your personal attorney in reemployment disputes.

4. USERRA gives you the right to sue your employer in federal court. See 38 U.S.C. 4301-33. If your lawsuit is successful, you may be able to recover court costs and attorney fees from your employer.

**Websites:** <http://www.esgr.org/userra.html>; <http://www.dol.gov/elaws/userra0.htm>; or <http://www.osc.gov/userra.htm>.

**Email:** [ncesgr@osd.pentagon.mil](mailto:ncesgr@osd.pentagon.mil)



# **The Soldiers' and Sailors' Civil Relief Act (SSCRA)**

## **PROVIDES PROTECTION AND RELIEF FOR loans and interest rates, leases, civil lawsuits, health insurance, state income taxes, professional liability insurance**

1. What is the Soldiers' and Sailors' Civil Relief Act and who does it protect?

**The Soldiers' and Sailors' Civil Relief Act (SSCRA) is a federal law that gives all service persons some important rights as they enter active duty. This information paper outlines some of those rights and benefits. The information in this paper is for personnel in the Reserve Components (all branches of the Reserves, the National Guard and the Air National Guard) who are activated to serve on active duty (and Active Component personnel deployed away from home station).**

2. When does the SSCRA protect me?

**Most SSCRA protection commences on the day you receive your orders to active duty. As a practical matter, you should be ready, and expect to present a copy of those orders to whomever you ask for some right or benefit under the Act.**

**When you present the orders to your creditor (or other person with whom you are asserting rights under the SSCRA), it is strongly advised that you present a copy of the orders along with a letter of notification (a sample is at the end of this information paper), and send the letter and orders by U.S. Certified Mail, Return Receipt Requested so that you can prove later, if necessary, receipt of the letter of notification and orders by the creditor.**

3. I have heard that the interest rates on my loans are reduced by 6% by the SSCRA. How do I get my creditors to change my interest rates?

**You may be entitled to have the interest rate on some of your loans reduced to 6% for the time you are on active duty. There are a number of special requirements. You need to talk to a Legal Assistance Attorney to ensure you are eligible. You may be eligible if you and your loan meet the following conditions:**

**a) You took out the loan during a time when you were not on any form of active duty in any branch of the military.**

**b) The interest rate is currently above 6% per year.**

**c) Your military service affects your ability to pay the loan at the regular (pre-service) interest rate. Generally this requirement means that you make less money in the military than you made as a civilian. There are some special legal issues here – you should be ready to talk to your Legal Assistance Attorney about your entire financial situation.**

**d) You notified the lender and provided them with a copy of your orders to active duty.**

4. What kinds of loans qualify for the interest rate reductions?

**If the loan is otherwise eligible for relief (that is, it was incurred as discussed above and the material effect provision of the SSCRA is satisfied), any loans incurred by the service member BEFORE his or her entry onto active duty qualify for the SSCRA interest rate relief (except for government guaranteed student loans), including:**

**Home Mortgages; Credit card accounts; Personal loans from banks or credit unions; Department store accounts; and Business loans for which the service member is personally liable as a result of having either signed the promissory note individually or having personally guaranteed the business' debt.**

5. What about the lease on my apartment? I live alone and I will not be there. I want to let my apartment go and put my furniture in storage. Can I get out of my lease?

**Generally – yes. If you have a lease for a house, apartment, or even a business location, you may be able to get out of the lease when you come on active duty. The requirements are:**

- a) You originally signed your lease when you were not on any form of active duty. You do not have to have a military clause in the lease.
- b) You have received your orders to active duty.
- c) You gave written notice to your landlord that you want to terminate your lease. You will still have to pay rent for a short while. Your landlord can charge you rent for 30 days after the date your next rent is due, after the date you give your written notice. Example: You give notice on 15 December. Your next rent is normally due 1 January. The landlord can make you pay rent until 31 January. The key is to get the written notice in the landlord's hands as soon as possible.
- d) If you attempt to terminate a business lease, there are some special considerations that you need to look at. Talk to a Legal Assistance Attorney first.

6. I have to go to court on a lawsuit that came up over an auto accident last year. How can I get the lawsuit delayed?

**If you are a party (one of the people suing or being sued) in a civil case (not a criminal case); your Commander can ask the judge to stay or temporarily delay the proceedings until you can appear. Generally, your Commander will have to show that military duty is keeping you from going to court. This is a tricky legal area – we recommend you have your civilian lawyer contact a Military Legal Assistance Attorney to discuss the best way to proceed in your case.**

7. I am self-employed and I have health coverage that is pretty expensive. Can I stop my health coverage? What will happen when I get off of active duty and I try to start it again – Will I still be covered?

**As long as you are on active duty, your health care needs are covered by the military's medical facilities. In addition, your family members will become eligible for coverage. You may want to suspend your civilian coverage. If you do this, the SSCRA will require your civilian insurance company to reinstate your coverage when you get off of active duty. They have to write you a policy. They cannot refuse to cover most "pre-existing conditions." This SSCRA protection applies only to non-employer sponsored health plans (private health insurance). If you are covered by an employer-sponsored health plan, when you return to your civilian job, your reinstatement rights are covered by a different federal law (the Uniformed Services Employment and Reemployment Rights Act – USERRA).**

8. Will I have to pay state income taxes on my pay while I am on active duty?

**If your home state taxes military pay, you will have to pay those taxes. If you get assigned to another state, you will still legally be a "domiciliary" of your home state. The state to which the military assigns you cannot tax your military pay. If you moonlight, they can tax that pay; just your military pay is exempt.**

9. I am a doctor or other health care professional and have professional liability insurance in place at the time I am called active duty. Do I have to keep paying the premiums on the policy?

**If you make a written request to your malpractice insurance carrier to suspend your coverage for the duration of your service, the carrier must suspend the policy and charge no premiums for the period of the suspension.**

**Your policy must thereafter be reinstated, but only if within 30 days of your release from active duty, you notify the insurer in writing that you have been released from active duty and wish reinstatement of the policy.**

**If you have claims-made malpractice coverage, you may not want to terminate all your coverage but negotiate for a reduced payment. You may want to discuss this with your insurance carrier and a legal assistance officer.**

**THE ISSUES COVERED IN THIS INFORMATION SHEET ARE SOMETIMES VERY COMPLEX AND YOU SHOULD CONSULT WITH THE LEGAL SERVICES OFFICE IF YOU DESIRE FURTHER GUIDANCE OR CLARIFICATION.**

## Sample Letter to Creditor

### Reduction of Interest Rate

(Return address of service member)

(Date)

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
(CREDITOR ADDRESS)**

Dear (Sir or Madam):

I am currently obligated to your company for a loan bearing an interest rate of (%). This obligation was entered into on **(date)** at a time when I was not on active military duty.

I have now entered (or been notified that I will enter the active military service of the nation in the U. S. **(service)** on **(date)**. A copy of my orders is enclosed. This entry into active military service has materially affected my ability to meet this obligation. Under these circumstances, federal law prescribes the maximum interest rate, which I may be charged on this obligation.

The Soldiers and Sailors Civil Relief Act (50 U.S.C. App.'526) prescribes a ceiling of 6% annual interest on any obligation under the circumstances described above. This interest rate must be maintained for the entire period that I am on active duty. The percentage cap includes all interest, service charges, renewal charges, and fees. The rate is applied to the outstanding balance of the obligation as of the date of entry onto active duty mentioned above. Any interest charge above this statutory ceiling must be forgiven, not accrued. The monthly payment on the obligation must be re-computed to reflect amortization at the 6% per annum rate of interest.

Please ensure that your records reflect this statutory ceiling and that any charges in excess of a 6% annual rate are withdrawn. You should also be aware that federal law (50 U.S. C. App.'531) circumscribes the manner in which you may enforce certain rights under the contract, including any right to repossession of property.

I thank you in advance for your attention to this matter. Should there be any questions, please feel free to contact me at the address above.

Sincerely,

(Service member's name, rank and branch of service)

# GENEVA CONVENTION AND THE LAW OF WAR

## I. GENERAL RULES

- A. Fight only enemy combatants.
- B. Do no harm enemies who surrender – disarm them and take them prisoner.
- C. Do not kill or torture prisoners.
- D. Collect and care for the wounded, whether friend or foe.
- E. Do not attack persons in a Protected Status or under the Protected Sign or Symbol.
- F. Target only military objectives; use only the amount of force necessary to accomplish mission.
- G. Treat all civilians humanely.
- H. Do not steal – respect private property and possessions.
- I. Do your best to prevent violations of the Law of War.
- J. Report all violations of the Law of War to superiors, JAG, or a Chaplain.

## II. PROTECTED SIGNS AND SYMBOLS

- A. Red Cross / Red Crescent / Red Star of David
- B. PW / PG – POW Camp
- C. IC – Internment Camp for civilians
- D. White Flag – cease fire, negotiate, surrender

## III. PROTECTED STATUS

- A. Noncombatants
- B. Wounded and sick enemy, if unable to fight
- C. Medical personnel
- D. Chaplains (not RP's)
- E. Shipwrecked and parachutists (not paratroopers)
- F. POW's
- G. Interned Civilians

## IV. RESPONSIBILITIES IF TAKEN PRISONER

- A. POWs must obey reasonable camp regulations.
- B. Information – if asked, must provide Name, Rank, Service Number, and Date of Birth (information needed to fulfill reporting obligations under International Law).
- C. Work – enlisted POWs may be compelled to work provided the work does not support the enemy's war effort. POW's are entitled to payment for their work. Commissioned Officer POWs may volunteer to work, but may not be compelled to do so. NCO POWs may be compelled to perform supervisory work.

## V. REASONS TO COMPLY WITH THE LAW – EVEN IF THE ENEMY DOES NOT

- A. Compliance ends the conflict more quickly. Mistreatment of enemy prisoners may encourage the remaining enemy to fight harder and resist capture.
- B. Compliance enhances public support of our military mission. Violations of the Law of War seriously reduce support from the I. S. public and from people in other countries.
- C. Compliance encourages reciprocal conduct by enemy soldiers. Mistreatment of prisoners of war may encourage the enemy to treat captured U.S. personnel in the same manner.
- D. Compliance not only accelerates termination of the conflict but it also reduces the waste of our resources in combat and the cost of reconstruction after the conflict ends.
- E. Compliance is required by law. The Law of War arises in large part from treaties that are part of our national law. Violation of the law of War is a serious crime punishable by death in some cases.

## **Code of Conduct for Members of the United States Armed Forces**

### **I**

**I am an American, fighting in the Forces which guard my country and our way of life. I am prepared to give my life in their defense.**

### **II**

**I will never surrender of my own free will. If in command, I will never surrender the members of the command while they still have the means to resist.**

### **III**

**If I am captured I will continue to resist by all means available. I will make every effort to escape and aid others to escape. I will accept neither parole nor special favors from the enemy.**

### **IV**

**If I become a prisoner of war, I will keep faith with my fellow prisoners. I will give no information or take part in any action which might be harmful to my comrades. If I am senior, I will take command. If not, I will obey the lawful orders of those appointed over me and will back them up in every way.**

### **V**

**When questioned, should I become a prisoner of war, I am required to give name, rank, service number and date of birth. I will evade answering further questions to the utmost of my ability. I will make no oral or written statements disloyal to my country and its allies or harmful to their cause.**

### **VI**

**I will never forget that I am an American, fighting for freedom, responsible for my actions, and dedicated to the principles which made my country free. I will trust in my God and in the United States of America.**

E. LEGAL REQUIREMENTS:

	YES	N/A	N0 – HOLD AND REASON	CORRECTED DATE
1. COUNSELED ON SOLDIERS' AND SAILORS' CIVIL RELIEF ACT (SSCRA) (INCLUDING REVIEW OF ANY UNRESOLVED CIVILIAN LITIGATION MATTERS)?				
2. COUNSELED ON FAMILY LEGAL NEEDS (ENSURE RESERVIST HAS A CURRENT WILL/POA/SGLI)?				
3. BRIEFED ON UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA) PROVISIONS?				
4. BRIEFED ON GENEVA CONVENTION?				
5. ANY OUTSTANDING LEGAL NEEDS? IF YES, EXPLAIN:  _____ _____ _____				
6. DOES RESERVIST HAVE ANY PENDING CIVIL OR CRIMINAL ISSUES/CHARGES? (THIS WOULD INCLUDE DIVORCE OR CHILD CUSTODY ISSUES.) IF YES, CONSULT CNO/N1/BUPERS TO DETERMINE POSSILBE DELAY OR EXEMPTION STATUS.				

SIGNATURE OF CERTIFYING NMPS OFFICIAL: \_\_\_\_\_

PRINTED NAME & PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

COMNAVREGMIDLANTINST 3060.1

# FLEET & FAMILY SUPPORT CENTER (FFSC)

## FLEET AND FAMILY SUPPORT CENTER DIRECTORY

WEBSITE: WWW.PERSNET.NAVY.MIL/PERS66/FFSCDIRNEW.HTM					
Location	Commercial	DSN	Location	Commercial	DSN
ANNAPOLIS MD	(410) 293-2641	281-2641	MILLINGTON TN	(901) 874-5075	882-5075
ATSUGI JAPAN	011-81-311-764-4189	315-264-4189	MERIDIAN MS	(601) 679-2360	637-2360
BAHRAIN	011-973-724-4046	318-439-4046	MONTEREY CA	(831) 656-3060	878-3060
BRUNSWICK ME	(207) 921-2273	476-2273	NAPLES ITALY	011-39-0817-24-4393	314-625-4393
CHARLESTON SC	(843) 764-7294	794-7294	NEW LONDON CT	(860) 694-3383	694-3383
CHINA LAKE CA	(760) 939-4545	437-4545	NEW ORLEANS LA	(504) 678-2647	678-2647
CORPUS CHRISTI TX	(512) 961-3722/ 2372	861-3722/2372	NEWPORT RI	(410) 841-2283/4	948-2283/4
DAHLGREN VA	(540) 653-1839	249-1839	NORTH SOUND WA	(360) 257-6289	820-6289
DISTRICT OF COLUMBIA	(202) 433-6151	288-6151	PASCAGOULA MS	(228) 761-2096	358-2096
EARLE NJ	(732) 866-2115	449-2115	PATUXENT RIVER MD	(301) 342-4911	342-4911
EAST SOUND WA	(425) 304-3367	727-3367	PEARL HARBOR HI	(808) 473-4024	315-473-4222
FALLON NV	(775) 426-3333	890-3333	PENSACOLA FL	(850) 452-5990	922-5990
FT GEORGE MEADE MD	(301) 677-6882/3/4	923-6882/3/4	ROOSEVELT ROADS PR	(787) 865-4975/ 3369	831-4975/3369
FT WORTH TX	(817) 782-5287/8	739-5287/8	ROTA SPAIN	011-34-956-82-3232	314-727-3232
GAETA ITALY	011-39-077-170-9818	314-627-7818	SAN DIEGO CA	(619) 556-7404	526-7404
GREAT LAKES IL	(847) 688-3603	792-3603	SARATOGA SPRINGS NY	(518) 583-2900	NA
GUANTANAMO BAY CUBA	011-53-99-4141/ 4143	723-3960 x4141	SASEBO JAPAN	011-81-611-752-3604	315-252-3604
GULFPORT MS	(228) 871-2581/ 3000	868-2581/3000	SIGONELLA ITALY	011-39-095-56-4291	314-624-4291
GUAM	(671) 333-2056/ 7/8/9	339-8629	ST MAWGAN UK	011-44-1637-85-3203	314-234-3203
HAMPTON ROADS VA	1(800) FSC-LINE (757) 444-2101	564-2101	VENTURA COUNTY CA	(805) 982-5037	551-5037
INGLESIDE TX	(361) 776-4551	776-4551	WEST SOUND WA BREMERTON & BANGOR	(360) 396-4115	744-4115
JACKSONVILLE FL	(904) 542-2766	942-2766	WHITING FIELD FL	(850) 623-7177	868-7177
KEFLAVIK ICELAND	011-354-425-7909	315-450-7909	WILLOW GROVE PA	(215) 443-6033	991-6033
KEY WEST FL	(305) 293-4408	483-4408	YOKOSUKA JAPAN	011-81-6160-43-6716	315-243-6716
KINGS BAY GA	(912) 673-4512	573-4512			
KINGSVILLE TX	(512) 516-6325/33	876-6325/33			
LA MADDALENA ITALY	011-39-0789-79-8205	314-623-8205			
LAKEHURST NJ	(732) 323-1224	624-1224			
LEMOORE CA	(209) 998-4042	949-4042			
LONDON UK	011-44-1895-61-6500	235-6500			
MARIETTA GA	(770) 919-6735	925-6735			
MAYPORT FL	(904) 270-6600	960-6600			

## MARINE CORPS FAMILY SERVICE CENTERS

Location	Commercial	DSN	Location	Commercial	DSN
ALBANY GA	(229) 639-5426	567-5426	JACKSONVILLE NC	(910) 449-6110/6185	752-6110
ARLINGTON VA	(703) 614-7200	224-7200	KANEOHE BAY HI	(808) 257-3655	457-3655
BARSTOW CA	(760) 577-6533	282-6533	KANSAS CITY MO	(816) 843-3653	894-3653
BEAUFORT SC	(843) 228-7353	335-7353	MIRAMAR CA	(858) 577-4099	267-4099
CAMP LEJEUNE NC	(910) 451-3212/19	751-3219/12	PARRIS ISLAND SC	(843) 228-3791	335-3791
CAMP PENDLETON CA	(760) 725-5361	365-5361	QUANTICO VA	(703) 784-2659/50	278-2659
CAMP BUTLER OKINAWA	011-81-611745- 3151	645-7810	SAN DIEGO CA	(619) 524-5728	524-5728
CHERRY POINT NC	(252) 466-4401	582-4401			

### USMC Toll Free Numbers:

1-800-854-2131 (West of Mississippi River including Wisconsin)

1-800-336-4663 (East of Mississippi except Wisconsin)

### OTHER AGENCIES (USUALLY LOCATED AT LOCAL STATE EMPLOYMENT OFFICES)

1. Local State Director of Veterans Affairs - To determine state benefits you may be entitled to, visit [www.nasdva.com](http://www.nasdva.com).
2. Local Veterans Employment Representative (LVER) - Coordinated by the Department of Labor to assist veterans in obtaining employment and benefits.
3. Disabled Veterans' Outreach Program (DVOP) - Coordinated by the Department of Labor to assist disabled veterans obtain employment and benefits.
4. Office of Personnel Management (OPM) - Gives preference for federal jobs to veterans with any disability rating. Special preference granted to veterans with 30% or greater disability. [www.usajobs.opm.gov](http://www.usajobs.opm.gov)
5. Disabled American Veterans (DAV) - A nonprofit association of wartime disabled veterans. The veteran's benefits experts are available to screen your medical records, at no cost to you, for possible VA disabilities and assistance in filing claims. (202) 554-3501. [www.dav.org](http://www.dav.org)

### ADDITIONAL ORGANIZATIONS

1. American Veterans of World War II, Korea and Vietnam (AMVETS) - A nonprofit association of wartime disabled veterans. The veteran's benefits experts are available to screen your medical records, at no cost to you, for possible VA disabilities and assistance in filing claims. (301) 459-9600 [www.amvets.org](http://www.amvets.org)
2. Troops to Teachers - For those interested in teaching elementary or secondary school.
  - a. Must have Associates or Bachelor Degree; or you have 5 years from date of separation to obtain a degree.
  - b. For information: DANTES, CODE 02T, 6490 Sauflay Field Rd, Pensacola, FL 32509-5243 or 1-800-231-6242, (DSN) 922-1151. EMAIL: [ttt@voled.doded.mil](mailto:ttt@voled.doded.mil) or [www.voled.doded.mil/dantes/ttt](http://www.voled.doded.mil/dantes/ttt)
3. Workforce Investment Act - Three programs available:
  - a. College program- 2 years for up to \$6,000 dollars.
  - b. Vocational Technical Training (certificate program).
  - c. On-The-Job Training (employer receives stipend to train you).
  - d. For further information contact your local State Employment Office for eligibility and application procedures prior to separation.
4. Additional Financial Assistance Opportunities:
  - a. "Need a Lift" brochure - provides scholarship, grant and loan opportunities. For information send \$3.00 to National Emblem Sales, P.O. Box 1050, Indianapolis, IN 42606.
  - b. US Department of Education - Information on scholarships. 1-800-872-5326/[www.ed.gov](http://www.ed.gov)
  - c. "All Ahead Loans" - 1-800-SOS-LOANS
  - d. Department of Education's Federal Financial Aid Center - 1-800-433-3243
5. American Red Cross Armed Forces Emergency Service Center: Toll-free: (1-877-272-7337) or [www.redcross.org](http://www.redcross.org)



## **VA BENEFITS**

**1-800-827-1000 or [www.va.gov](http://www.va.gov)**

1. To be considered a VETERAN and you entered the military after 7 September 1980, you must complete 24 months continuous active duty or full period for which ordered to active duty (at least 181 days) during peacetime and 90 days during wartime (RESERVISTS). (Verify individual eligibility with the DVA).
2. To be considered a VETERAN and you entered the military prior to 8 September 1980, must have separated under conditions of OTHER THAN DISHONORABLE with at least 181 consecutive days on active duty.

Veterans of the United States Armed Forces are eligible for a variety of benefits. Please call 1-800-827-1000 or go online to [www.va.gov](http://www.va.gov) for more information.

## PSD PROCESSING

Personnel Support Detachment Norfolk is responsible for all NMPS Norfolk customers for both mobilization and demobilization. Your Reserve Activity has transferred you to our transient UIC during your processing here at NMPS Norfolk. While here PSD will establish your active duty pay record and setup basic allowances and allotments. Your travel costs while here will be reimbursed at your ultimate destination/gaining command PSD when you liquidate your first travel claim according to your orders and their endorsements.

### PER DIEM ENTITLEMENTS

PER DIEM is based on location of member's gaining command.

Contact gaining command PSD for entitlements or go to the following website:

<http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/travel.html>

Obtain travel vouchers: DD FORM 1351-2 (MEMBER), from local PSD/personnel office for submission of travel claim. For further assistance in submitting your travel claim(s) contact your gaining command PSD representative. **Verify local policies with your personnel activity.**

### PAY ADVANCES

Members are authorized one months advance with a payback over three months. If you are interested in an advance please request this advance through PSD while processing at NMPS.

### SGLI and PAGE TWO(RECORD OF EMERGENCY DATA

Member must make sure their Page Two (Record of Emergency Data) and their SGLI form is up-to-date. Website for SGLI is: [www.insurance.va.gov](http://www.insurance.va.gov)

### Forms to be completed during your NMPS Orientation Check in Brief:

A. . NMPS MOBILIZATION CHECKLIST – SECTION B. PSD REQUIREMENTS – Fill in your name rank and social security. Insert in your service record or paperclip with the remainder of your PSD forms.

B. FORM W-4 – Complete Blocks 1-7 and sign and date and insert in service record.

C. DIRECT DEPOSIT SIGN-UP FORM- Complete Blocks A-F only. Sign and Date under Payee/Joint Payee Certification Box. Insert in service record.

D. STATE OF LEGAL RESIDENCE CERTIFICATE - Complete Entire Form and insert in service record.

**Once you have completed all necessary forms for PSD they should be inserted in your Service Record or paper clipped together. A staff member will collect them and they will be transferred to PSD for processing. When you complete all other NMPS processing ( all other sections of your 3060.7A checklist is signed off) you will report to PSD for final outprocessing.**

B. PSD REQUIREMENTS:

	YES	N/A	NO - HOLD/REASON	CORRECTED DATE
1.ACTIVE DUTY ID CARD ISSUED				
2. IF REQUIRED, A VALID GENEVA CONVENTION CARD ISSUED?				
3. IF REQUIRED, DOG TAGS (TWO, W/CHAIN) ISSUED?				
4. ENTERED INTO MAPMIS AS A GAIN?				
5. MMPA ESTABLISHED AND AUDITED?				
6.IF RESERVIST HAS MILITARY OR PRIOR MILITARY SPOUSE, HAS DON FAMILY CARE PLAN CERTIFICATE (NAVPERS 1070/6) BEEN PREPARED AND VERIFIED?				
7. NAVPERS 1070/602 (PAGE 2) UPDATED AND VERIFIED?				
8. DEERS ENROLLMENT INFORMATION VERIFIED AND ENTERED IN RAPIDS?				
9. DEPENDENT ID CARD APPLICATIONS PREPARED?				
10. BAQ ENTITLEMENT REVIEWED AND PROPER EVENT REPORTED?				
11. BAH ENTITLEMENT REVIEWED AND INITIATED?				
12. RESERVIST ADVISED OF MONTGOMERY GI BILL BENEFITS?				
13. TRICARE ELECTION CERTIFICATE VERIFIED, COMPLETE AND IN RESERVIST'S SERVICE RECORD?				
14. SGLI VERIFIED OR INITIATED? (INFORM MEMBER THAT AMOUNT OF SGLI COVERAGE CURRENTLY IN FORCE WILL CARRY OVER TO ACTIVE DUTY UNLESS THE MEMBER INITIATES A CHANGE. SUBMIT AN INITIAL ELECTION OR CHANGE IF APPROPRIATE.)				
15. DOES RESERVIST HAVE NECESSARY SECURITY CLEARANCE AND CORRECT OPNAV 5520/20 IN SERVICE RECORD?				
16. COMPLETE HISTORY OF ASSIGNMENT (NAVPERS 1070/605) OR ENLISTED PERFORMANCE RECORD (NAVPERS 1070/609) ENTERED?				
17. DD-2058 (STATE OF LEGAL RESIDENCE) VERIFIED OR PREPARED?				
18. STATE/FEDERAL TAX WITHHOLDING FORMS VERIFIED/PREPARED (W-4)?				
19. ALLOTMENT REQUESTS COMPLETED/PROCESSED (NAVCOMPT 2273)?				
20. IF REQUIRED, TRAVEL OR COUNTRY CLEARANCE PREPARED IN ACCORDANCE WITH OPNAVINST 4650.11E?				

COMNAVREGMIDLANTINST 3060.1

PSD REQUIREMENTS (page 2)

	YES	N/A	NO - HOLD/REASON	CORRECTED DATE
21. PAGE 13 (NAVPERS 1070/612) ENTRY AFFIDAVIT OF NON-RECEIPT OF PENSION OR DISABILITY COMPENSATION COMPLETED AND SIGNED, IF NOT COMPLETED BY THE NRC/NRA?				
22. FOR OFFICERS ONLY: REPORT OF HOME OF RECORD AND PLACE IN WHICH ORDERED TO A TOUR OF ACTIVE DUTY (NAVPERS 1070/74) COMPLETED, IF NOT COMPLETED BY THE NRC/NRA?				
23. ENTITLEMENT TO PER DIEM VERIFIED IN ORDERS.				
24. SERVICE RECORD SCREENED FOR SANCTUARY? IF RESERVIST WILL BECOME ELIGIBLE FOR SANCTUARY WHILE ON ORDERS CONTACT BUPERS (PERS-91)?				
25. FOR ENLISTED ONLY: REENLISTMENT PROCESS INITIATED AS NECESSARY?				
26. ENROLLED IN DDS?				
27. SPECIAL PAY AND ALLOWANCES PROPERLY INITIATED?				
28. ENTITLEMENT TO SPECIAL CLOTHING ALLOWANCE INITIATED?				
29. FAMILYSEPARATION ALLOWANCE INITIATED?				
30. IF REQUESTED, ADVANCE TRAVEL PAY INITIATED?				
31. BENEFITS AND ENTITLEMENTS REVIEWED W/RESERVIST (PER POLICY GUIDANCE)?				
32. SERVICE RECORD WITH RESERVIST?				
33. ORDERS PROPERLY ENDORSED?				
34. TICKETS WITH GTR TRANSPORTATION ARRANGED FOR FORWARD DEPLOYMENT WITH RESERVIST?				
35. IF REQUIRED, DOES RESERVIST NEED TO APPLY FOR A PASSPORT/VISA?				

SIGNATURE OF CERTIFYING NMPS OFFICIAL: \_\_\_\_\_

PRINTED NAME & PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

COMNAVREGMIDLANTINST 3060.1

# Form W-4 (2002)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 16, 2003. See **Pub. 505**, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919**, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using **Form 1040-ES**, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use **Pub. 919** to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See **Pub. 919**, especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . . <b>B</b> _____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . . <b>B</b> _____	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	
• You are single and have only one job; or	} . . . . . <b>B</b> _____					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.						
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____				
<b>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit): <ul style="list-style-type: none"><li>• If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children.</li><li>• If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children.</li></ul>	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. <b>Note:</b> This may be different from the number of exemptions you claim on your tax return. ▶	<b>H</b> _____				
<b>For accuracy, complete all worksheets that apply.</b> <ul style="list-style-type: none"><li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$35,000, see the <b>Two-Earner/Two-Job Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li></ul>						

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0010 <b>2002</b>	
▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.					
1 Type or print your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</i>	
City or town, state, and ZIP code				4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$ _____	
7 I claim exemption from withholding for 2002, and I certify that I meet <b>both</b> of the following conditions for exemption: <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> Federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li><li>• This year I expect a refund of <b>all</b> Federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶				7 <input type="checkbox"/>	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.					
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number	

Cat. No. 10220Q

**Deductions and Adjustments Worksheet****Note:** Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2002 tax return.

- 1** Enter an estimate of your 2002 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2002, you may have to reduce your itemized deductions if your income is over \$137,300 (\$68,650 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \$7,850 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,900 \text{ if head of household} \\ \$4,700 \text{ if single} \\ \$3,925 \text{ if married filing separately} \end{array} \right\}$  . . . **2** \$ \_\_\_\_\_
- 3** **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-". . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2002 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. Include any amount for credits from **Worksheet 7** in Pub. 919. . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2002 nonwage income (such as dividends or interest) . . . **6** \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. Enter the result, but not less than "-0-". . . **7** \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,000 and enter the result here. Drop any fraction . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . **9** \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . **10** \_\_\_\_\_

**Two-Earner/Two-Job Worksheet****Note:** Use this worksheet only if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . **1** \_\_\_\_\_
- 2** Find the number in **Table 1** below that applies to the **lowest** paying job and enter it here . . . **2** \_\_\_\_\_
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . **3** \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year end tax bill.

- 4** Enter the number from line 2 of this worksheet . . . **4** \_\_\_\_\_
- 5** Enter the number from line 1 of this worksheet . . . **5** \_\_\_\_\_
- 6** **Subtract** line 5 from line 4 . . . **6** \_\_\_\_\_
- 7** Find the amount in **Table 2** below that applies to the **highest** paying job and enter it here . . . **7** \$ \_\_\_\_\_
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . **8** \$ \_\_\_\_\_
- 9** Divide line 8 by the number of pay periods remaining in 2002. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2001. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . **9** \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,000 . . . . .	0	44,001 - 50,000 . . . . .	8	\$0 - \$6,000 . . . . .	0	75,001 - 95,000 . . . . .	8
4,001 - 9,000 . . . . .	1	50,001 - 55,000 . . . . .	9	6,001 - 11,000 . . . . .	1	95,001 - 110,000 . . . . .	9
9,001 - 15,000 . . . . .	2	55,001 - 65,000 . . . . .	10	11,001 - 17,000 . . . . .	2	110,001 and over . . . . .	10
15,001 - 20,000 . . . . .	3	65,001 - 80,000 . . . . .	11	17,001 - 23,000 . . . . .	3		
20,001 - 25,000 . . . . .	4	80,001 - 95,000 . . . . .	12	23,001 - 28,000 . . . . .	4		
25,001 - 32,000 . . . . .	5	95,001 - 110,000 . . . . .	13	28,001 - 38,000 . . . . .	5		
32,001 - 38,000 . . . . .	6	110,001 - 125,000 . . . . .	14	38,001 - 55,000 . . . . .	6		
38,001 - 44,000 . . . . .	7	125,001 and over . . . . .	15	55,001 - 75,000 . . . . .	7		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$50,000 . . . . .	\$450	\$0 - \$30,000 . . . . .	\$450
50,001 - 100,000 . . . . .	800	30,001 - 70,000 . . . . .	800
100,001 - 150,000 . . . . .	900	70,001 - 140,000 . . . . .	900
150,001 - 270,000 . . . . .	1,050	140,001 - 300,000 . . . . .	1,050
270,001 and over . . . . .	1,150	300,001 and over . . . . .	1,150

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send the tax form to this address. Instead, give it to your employer.



### DIRECTIONS

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

<b>A NAME OF PAYEE</b> <i>(last, first, middle initial)</i>		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		<b>E DEPOSITOR ACCOUNT NUMBER</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
CITY	STATE	ZIP CODE	<b>F TYPE OF PAYMENT</b> <i>(Check only one)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Social Security  <input type="checkbox"/> Supplemental Security Income  <input type="checkbox"/> Railroad Retirement  <input type="checkbox"/> Civil Service Retirement (OPM)  <input type="checkbox"/> VA Compensation or Pension           </div> <div> <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay  <input type="checkbox"/> Mil. Active  <input type="checkbox"/> Mil. Retire.  <input type="checkbox"/> Mil. Survivor  <input type="checkbox"/> Other _____ <i>(specify)</i> </div> </div>
TELEPHONE NUMBER AREA CODE		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> <i>(if applicable)</i> <div style="display: flex;"> <div style="flex: 1;">TYPE</div> <div style="flex: 1;">AMOUNT</div> </div>	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b>		<b>C CLAIM OR PAYROLL ID NUMBER</b>  <div style="display: flex; justify-content: space-between;"> <div>Prefix</div> <div>Suffix</div> </div>	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>  I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> <i>(optional)</i>  I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER								CHECK DIGIT
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		DEPOSITOR ACCOUNT TITLE								
<p align="center"><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p>										
PRINT OR TYPE REPRESENTATIVE'S NAME			SIGNATURE OF REPRESENTATIVE				TELEPHONE NUMBER		DATE	

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

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FINANCIAL INSTITUTION COPY

1199-207

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<b>STATE OF LEGAL RESIDENCE CERTIFICATE</b>		
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>		
<b>AUTHORITY:</b>	Tax Reform Act of 1976, Public Law 94-455.	
<b>PURPOSE:</b>	Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.	
<b>ROUTINE USES:</b>	Information herein will be furnished State authorities and to Members of Congress.	
<b>MANDATORY OR VOLUNTARY DISCLOSURE:</b>	Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.	
<b>NAME</b> <i>(Last, first, middle initial)</i>		<b>SOCIAL SECURITY NUMBER</b> <i>(SSN)</i>
<b>LEGAL RESIDENCE/DOMICILE</b> <i>(City or county and State)</i>		
<b>INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE</b>		
<p>The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.</p> <p>The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.</p> <p>You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.</p> <p>Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.</p> <p>The formula for changing your State of legal residence/domicile is simply stated as follows: <u>physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.</u> In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. <u>Finally</u>, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.</p> <p>Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.</p>		
<p>I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.</p> <p>I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.</p>		
<b>SIGNATURE</b>	<b>CURRENT MAILING ADDRESS</b> <i>(Include ZIP Code)</i>	<b>DATE</b>

DD Form 2058, FEB 77 (EG)

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## PASSPORTS (If required)

1. For OCONUS travelers go to [www.fcg.pentagon.mil](http://www.fcg.pentagon.mil) for passport and travel requirements for the country you are traveling to while on military orders.

2. If a Passport is required:

a. Current Passport must have a minimum of 6 months left before expiration date.

b. Never had a passport you need:

1. DD Form 1056 (Must be typed not handwritten). Form is available online at :

[www.dior.whs.mil/forms/DD1056.pdf](http://www.dior.whs.mil/forms/DD1056.pdf)

You can accomplish this at the Internet Café located at C-9. You need to fill out the form online and print.

2. Must have 2 photos: To obtain Passport photos there are two options:

NEX Portrait Studio at Main Exchange: Cost: \$9.95, will take walk-ins and have photos shortly thereafter.

Navy Media Center in Building I-AA(in front of the Galley): No cost but hours and services vary.

**Hours of Operation:** M-F from 1000-2000hrs; Sat. from 0900-2000hrs; Sun.1000-1800hrs.

c. Proof of Citizenship (will be mailed with application, but will be returned with passport)

Original State sealed Birth Certificate (must contain the following) Hospital certificates are not accepted.

Name

Date of Birth

Place of Birth

Date certificate filed in registrar's office

Signature of registrar and authorized seal of registrar's office

Certificate of Naturalization

d. DS Form 11 (Passport application provided by passport agent)

14 years of age or older must appear in person to execute the application. For ages under 14, both parents must be present. If only one parent available, contact office at 444-2500 for guidance).

e. Identification

ID card, driver's license, previous passport (active or expired)

f. Social Security Numbers

Required for all applicants ( Federal Tax Law Section 6039E of the Internal Revenue code of 1986 Requirement).

3. If (a) or (b) apply to you and a passport is required for OCONUS travel take all documents to PSD Passport Section, Bldg. A-48, 3<sup>rd</sup> Deck, POC: Mr. Reed 444-2500. **NOTE: You must have your active duty ID card before reporting to PSD Passport Section.**

This form must be typed. See DoD 1000.21-R for form completion instructions.

<b>AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA</b>		<b>1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT</b>		<b>2. MAJOR SERVICE COMPONENT</b>	
<b>3. APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME</b>		<b>4. APPLICANT'S DATE OF BIRTH</b>		<b>5. APPLICANT'S PLACE OF BIRTH</b>	
<b>6. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME</b>		<b>7. SPONSOR'S MILITARY RANK/CIVILIAN GRADE</b>		<b>8. SPONSOR'S SSN</b>	
(If same as Item 3, X block)					
<b>9.a. APPLICANT'S CURRENT HOME ADDRESS (Include ZIP Code)</b>		<b>b. HOME TELEPHONE NUMBER (Include area code)</b>			
		<b>c. OFFICE TELEPHONE NUMBER (Include area code/DSN)</b>			
<b>10.a. INTERIM ADDRESS WHERE APPLICANT MAY BE CONTACTED AFTER DEPARTING LOCATION INDICATED IN ITEM 9 (Include ZIP Code)</b>		<b>b. NAME OF PERSON WITH WHOM RESIDING</b>			
		<b>c. TELEPHONE (Incl. area code)</b>		<b>d. AGENT ID CODE (If applicable)</b>	
<b>11. DESTINATION (Country or Countries)</b>	<b>12. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Note)</b>	<b>13. PASSPORT WILL BE FORWARDED TO: (Include complete mailing address, building number, room number, ZIP Code, and telephone number/DSN)</b>			
<b>14. ESTIMATED DATE OF DEPARTURE (From country in which applicant is currently residing)</b>	<b>15. PROPOSED LENGTH OF STAY</b>				
		<b>16. AUTHORIZING OFFICIAL</b>			
		<b>a. NAME (Last, First, Middle Initial)</b>			
<b>17. ADDITIONAL INFORMATION (Attach continuation sheets if necessary)</b>		<b>b. GRADE</b>		<b>c. TITLE</b>	
		<b>d. COMPLETE MAILING ADDRESS (Include ZIP Code)</b>			
		<b>e. TELEPHONE NUMBER (Include area code/DSN)</b>			
		<b>f. SIGNATURE OF AUTHORIZING OFFICIAL</b>		<b>g. DATE</b>	
<b>FOR USE BY ISSUING OR RECEIVING AGENT (Suspense Control)</b>					
<b>18. DATE APPLIED FOR PASSPORT</b>		<b>19. PLACE APPLIED FOR PASSPORT</b>		<b>20. NAME OF COURT OR PASSPORT AGENT</b>	
<b>21. DATE PASSPORT RECEIVED FROM DEPARTMENT OF STATE</b>		<b>22. PASSPORT NUMBER</b>		<b>23. DATE OF PASSPORT ISSUE</b>	<b>24. PASSPORT EXPIRATION DATE</b>
<b>25. DOCUMENT(S) INCLUDED WITH PASSPORT</b>		<b>26. COUNTRY AND DATE VISA REQUESTED</b>		<b>27. DATE PASSPORT RECEIVED WITH VISA</b>	<b>28. DATE PASSPORT MAILED</b>
<b>PRIVACY ACT STATEMENT</b>					
<b>AUTHORITY:</b> Sections 3012, 8012, 5031, Title 10 USC; 22 CFR 51.63; EO 9397.					
<b>PRINCIPAL PURPOSE:</b> To provide authority for issue of "No-Fee" passport and/or request for a visa which is an endorsement stamped or written on a passport, showing that it has been examined by the proper officials of a country and granting entry into that country. The Social Security Number is required to verify and/or identify the applicant.					
<b>ROUTINE USES:</b> Information is used in conjunction with application for passport/visa and foreign travel. Information may be released to other DoD agencies, various activities within the Department of State, foreign embassies and consulates.					
<b>DISCLOSURE:</b> Voluntary; however, if applicant does not provide information, a "No-Fee" passport cannot be authorized.					
<b>*NOTE:</b> If assignment is to Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g., CENTO; or any particular assignment that will govern type and need for a passport, enter such information. If not, enter "Not Applicable."					

DD FORM 1056, MAY 96 (EG)

PREVIOUS EDITION MAY BE USED.

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## SPECIAL REQUEST/AUTHORIZATION

### PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301, and from E.O. 9397 Departmental Regulations. The principal purpose of the information is to enable you to make known your desire for one of the four items listed or for some other special consideration or authorization. The information will be used to assist officials and employees of the Department of the Navy in determining your eligibility for and approving or disapproving the special consideration or authorization being requested. Completion of the form is mandatory; failure to provide required information may result in delay in response to or disapproval of your request.

NAME		RATE	SSN
SHIP OR STATION CNRMA			DATE OF REQUEST
DEPARTMENT /DIVISION NMPS NORFOLK, VIRGINIA		DUTY SECTION/GROUP	
NATURE OF REQUEST <input type="checkbox"/> LEAVE <input type="checkbox"/> SPECIAL LIBERTY <input type="checkbox"/> SPECIAL PAY <input type="checkbox"/> COMMUTED RATIONS <input type="checkbox"/> OTHER <i>Below</i>			
NO. OF DAYS REQUESTED	FROM: (Date & time)		TO: (Date & time)
DISTANCE - (Miles)	MODE OF TRAVEL <input type="checkbox"/> AIR <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS <input type="checkbox"/> CAR		
LEAVE ADDRESS (Street, box or route no., City, State, Zip Code)		Telephone Number	

### REASON FOR REQUEST

RESPECTFULLY REQUEST CLOTHING ALLOWANCE

### SIGNATURE OF APPLICANT

I AM ELIGIBLE AND OBLIGATE MYSELF TO PERFORM ALL DUTIES OF PERSON MAKING APPLICATION -  
SIGNATURE OF STANDBY

DUTY STATION

RECOMMEND APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE

### REASON FOR DISAPPROVAL

I. NMPS FINAL CERTIFICATION:

	YES	NO	N/A
1. RESERVIST DOES NOT MEET MOBILIZATION REQUIREMENTS AND WILL RECEIVE A SPECIAL CASES BOARD. (DELAY AND EXEMPTION DETERMINATION). EXPLAIN: _____ _____ _____			
2. BOARD DETERMINATION: _____ _____ _____			
3. NMPS HAS COMPLETED ALL MOBILIZATION REQUIREMENTS AND RESERVIST IS READY TO PROCEED TO INTERMEDIATE OR GAINING COMMAND? IF NO, REASON: _____ _____			
4. RESERVIST INCLUDED IN A PERSONNEL TRANSFER REPORT IDENTIFYING RESERVIST COMPLETING MOBILIZATION AND THEIR EXPECTED REPORT DATE TO THE INTERMEDIATE AND/OR GAINING COMMAND?			
5. RESERVIST INCLUDED IN THE MOBILIZATION AND/OR ADSW STATUS REPORT TO DCNO (N1)?			
6. ORDERS AND SERVICE, MEDICAL AND DENTAL RECORDS WITH RESERVIST?			
7. RESERVIST CHECKED OUT OF BERTHING?			
8. RESERVIST BRIEFED ON FOLLOW-ON COMMAND TRAVEL PLANS AND ETA?			
9. RESERVIST PROVIDED WITH FOLLOW-ON COMMAND CONTACT PHONE NUMBER FOR ENROUTE DELAYS: _____			
10. RESERVIST PROVIDED A COPY OF THEIR COMPLETED MOBILIZATION CHECKLIST TO RETAIN? IF CRC (JPOM) IS REQUIRED, PROVIDE RESERVIST A COPY OF THE MOBILIZATION CHECKLIST TO PROVIDE TO THE CRC (JPOM) ACTIVITY. THE NMPS RETAINS THE COMPLETED ORIGINAL MOBILIZATION CHECKLIST FOR THE RESERVIST'S PERSONAL RECALL FILE.			
11. IF CRC (JPOM) IS REQUIRED, DOES THE RESERVIST HAVE THE COMPLETED ORIGINAL CRC (JPOM) CHECKLIST TO PROVIDE TO THE CRC (JPOM) ACTIVITY AND A COPU FOR HIMSELF/HERSELF? A COPY OF THE CRC (JPOM) CHECKLIST IS RETAINED AT THE NMPS IN THE RESERVIST'S PERSONAL RECALL FILE.			

SIGNATURE OF CERTIFYING NMPS OFFICIAL: \_\_\_\_\_

PRINTED NAME & PHONE NUMBER: \_\_\_\_\_

SIGNATURE OF RESERVIST: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

COMNAVREGMIDLANTINST 3060.1

## RESERVE MOBILIZATION EXIT SURVEY

Please take a moment to tell us about your processing experience while at NMPS Norfolk. Your input is valuable to us and will be used to improve our system.

**Please rate the following on a scale of 1 to 5 (circle one):**

<b>Processing Area</b>	<b>Abysmal</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Outstanding</b>
Indoctrination & Briefs	1	2	3	4	5
Medical Processing	1	2	3	4	5
Dental Processing	1	2	3	4	5
PSD Processing	1	2	3	4	5

**Please explain scores of 1 or 2 in the space below:**

**Please comment on the customer service by NMPS staff member(s):**

**What did you like best about the overall processing here at NMPS?**

**What was the worst aspect of processing?**

**Please tell us one thing we can do to improve the way we do our job at NMPS:**